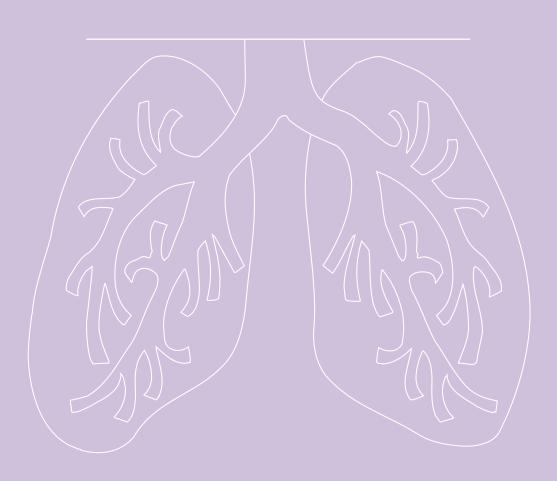
Asthma and the School Child



Teamwork is required to create a positive and healthy school environment for the child with asthma. Parents, the clinician, teachers, coaches, school nurse, school principal, and the child are part of the

team.

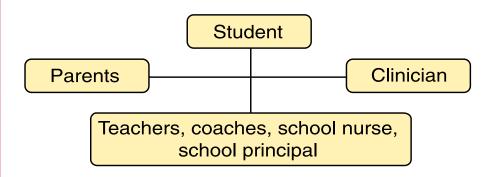
School nurses are effective allies in decreasing days lost from school and in promoting students' asthma management skills. Every school should have a school nurse.

The EPA's "Tools for Schools" helps schools plan improvements in indoor air quality and can be ordered by calling 1-800-438-4318.

Asthma and the School Child

Since school is the child's home away from home, it is one of the most important environments to safeguard. The physician should work closely with school personnel to help them understand asthma, its impact, and how to meet the special needs of children with asthma.

THE SCHOOL ASTHMA TEAM



The child with well-controlled asthma can participate fully in all school activities.

GIVE THE SCHOOL AN ACTION PLAN FOR THE CHILD.

Include:

- The early warning signs of an asthma episode
- What medications the student uses and how they are taken
- When to contact the physician or emergency room

Common asthma triggers in the school environment:

- Dust mites
- Chalk dust
- Animals
- Strong odors (perfumes, paints, chemicals)
- Exercise

What do school personnel need to know?

Teachers, coaches, and school health personnel need to know:

- The early warning signs of asthma episodes.
- How to treat an asthma episode, including:
 - ⇒ what medications are used.
 - ⇒ how the medications are used.
 - ⇒ when to contact the physician or emergency room.
- What medications the student uses.
 - ⇒ common side effects of asthma medications that warrant communication with the parents and/or clinician: nervousness, nausea, drowsiness, jitteriness, hyperactivity.
- How to help the child with asthma follow his/her management plan at school.
 - ⇒ what triggers the student's asthma.
 - ⇒ how the student premedicates to prevent exerciseinduced symptoms (and symptoms from other "anticipated" exposures, e.g., allergens, cold air).
 - ⇒ how to minimize exposure to triggers (e.g., allergens, irritants) in the classroom and school environment that can worsen the student's asthma.
- Whether the student has physician and parent approval to carry and use his/her inhalers.
- Phone numbers for the physician, the parents, and the emergency room.

See sample School Asthma Management Plan, page 119.

School health personnel should also know:

- How to use devices to deliver asthma medications: metered-dose inhalers, dry powder inhalers, nebulizers, spacers/holding chambers.
- How to use a peak flow meter.

Taking medications at school may be difficult.

- Many children with asthma want to hide their need for medication.
- Poorly informed school authorities sometimes make it impossible for children to take their medication.
- It may be disruptive for children to go to another part of the school building (nurse's or secretary's office) to take their medication.

Students with asthma need to have prompt and easy access to their medications. In most cases they should be permitted to carry and use their medications, with physician and parent approval.

Work with the child, the parents, and the school to solve specific problems that arise.

Work together to keep the child in school and symptom-free.

What can you do?

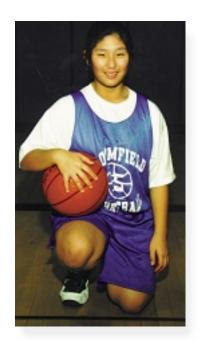
The clinician can:

- Provide the school with an action plan for handling asthma episodes.
- Provide information to school personnel to increase their understanding about what asthma is and how to meet the needs of children with asthma.
- Work with the student and parents to increase awareness about asthma. Asthma curricula for children include Open Airways, Power Breathing, Peak Performance USA, and Asthma Awareness (see Resource List, page 121).

Give the physical education teacher and/or coach specific written instructions. Include:

- The nature of exercise-induced asthma
- Which medications are used to prevent exerciseinduced asthma and how to use them
- Other techniques to prevent exercise-induced symptoms (e.g., warm-up period)
- Warning signs of an asthma episode
- A copy of the School Asthma Management Plan (see sample, page 119)

Proper education will help avoid exercise-induced asthma episodes, embarrassment, or the possibility of the child avoiding exercise.



Encourage parents to:

- Meet with the teacher, school nurse, and, perhaps, the principal at the beginning of the school year to make them aware of the child's asthma.
- Explain the child's asthma, what medications he/she uses, and the possible side-effects.
- Explain that the student with asthma should be treated "normally" like other children.
- Encourage school personnel to allow the student to take his/her medications as required, without making it "a big deal."
- Use the "How Asthma Friendly is Your School?" checklist (see page 118) to identify areas in the child's school that might be improved.

Be aware of common school problems faced by the student with asthma:

- High absenteeism is possible due to asthma symptoms or to doctor visits.
- Children with asthma may avoid school or activities. Parents, physicians, and school personnel (e.g., teachers, nurses, coaches) need to work with the child to encourage participation.
- Children may avoid going to the school office or nurse's office to use their inhalers before exercise. Allowing children to carry their inhalers with them avoids this problem.
- Side effects from medication may alter the child's ability to perform. Teachers need information on side effects and when to notify parents and/or the physician.







How Asthma-Friendly is Your School?

Children with asthma need proper support at school to keep their asthma under control and to be fully active. Use the questions below to find out how well the school assists children with asthma:

- 1. Is the school **free of tobacco smoke** all of the time, including during school-sponsored events?
- 2. Does the school maintain good indoor air quality? Does it reduce or eliminate allergens and irritants that can make asthma worse?
 - Allergens and irritants include pets with fur or feathers, mold, dust mites (for example, in carpets and upholstery), cockroaches, and strong odors or fumes from such products as pesticides, paint, perfumes, and cleaning chemicals.
- **3.** Is there a **school nurse** in the school all day, every day? If not, is a nurse regularly available to the school to help write plans and give guidance for students with asthma about medicines, physical education, and field trips?
- **4.** Can children take **medicines** at school as recommended by their doctor and parents? May children carry their own asthma medicines?
- **5.** Does the school have an **emergency plan** for taking care of a child with a severe asthma episode (attack)? Is it made clear what to do? Who to call? When to call?
- **6.** Does someone **teach school staff** about asthma, asthma mangement plans, and asthma medicines? Does someone **teach all students** about asthma and how to help a classmate who has it?
- 7. Do students have good options for fully and safely participating in physical education class and recess? (For example, do students have access to their medicine before exercise? Can they choose modified or alternative activities when medically necessary?)

If the answer to any question is no, students may be facing obstacles to asthma control. Asthma out of control can hinder a student's attendance, participation, and progress in school. School staff, health professionals, and parents can work together to remove obstacles and to promote students' health and education.

School Asthma Management Plan

Student Asthr	na Action (Card			
Name:		Grade: Age:			
Teacher:		Room:		ID Photo	
Parent/Guardian	Name:	Ph	(H):		
	Address:	Ph	ı (W):		
Parent/Guardian	Name:	Ph	(H):		
		Ph			
Emergency Phone	e Contact #1: _	Name	Relationship	Phone	
Emergency Phone	e Contact #2: _	Name Name	Relationship	Phone	
			·		
_		ma:			
Cirici i riyololari					
Daily Asthma	Manageme	nt Plan			
Identify the thing	s which start	an asthma episode (che	eck each that appli	es to the student).	
Exercise		Strong odors or fum	es Other_		
Respiratory in	fections	Chalk dust			
Change in temperature		Carpets in the room	∐ Food _ _		
Animals		Pollens	Molds		
Comments:					
	nental control r	nt neasures, pre-medications nma episode.)	s, and/or dietary res	trictions that the	
	ak Flow Numb	er:			
J					
Daily Medication Plan Name		Amount	When	When to Use	
1					
3					
4			<u> </u>		

^{*}Developed by the Asthma and Allergy Foundation of America (AAFA); Endorsed by the National Asthma Education and Prevention Program (NAEPP)

School Asthma Management Plan (continued)

Emergency Plan

	nergency action is necessary when the				
Ste	eps to take during an asthma episo Give medications as listed below. Have student return to classroom if	ode:			
3. C	Contact parent if				
4. \$	Seek emergency medical care if th	e student has any o	of the following:		
	 √ No improvement 15-20 minutes a with medication and a relative ca √ Peak flow of 		7		
	 ✓ Hard time breathing: • Chest and neck are pulled in v • Child is hunched over. • Child is struggling to breathe. 	IF THIS HAPPEN GET EMERGEN HELP NOW!			
	$\sqrt{\ }$ Trouble walking or talking.				
	Stops playing and can't start activity again.				
	$\sqrt{\ }$ Lips or fingernails are gray or blu	e.	J		
1	nergency Asthma Medications Name		When to Use		
4	mments/Special Instructions				
Fo	r Inhaled Medications				
	I have instructed (name)his/her medications. It is my professi use that medication by him/herself.				
	It is my opinion thathim/herself.	should not carr	y his/her inhaled medication	by	
		Physician	Signature	Date	
		Parent 9	Signature	Date	

Resource Organizations for Patients and School Staff

Contact the organizations listed below for information about asthma and helpful ideas for making school policies and practices more asthma-friendly. Federal and State laws are there to help children with asthma.

National Asthma Education and **Prevention Program**

National Heart, Lung, and Blood Institute Information Center P.O. Box 30105 Bethesda, MD 20824-0105 (301) 435-0202 Internet: http://www.nhlbi.nih.gov

Allergy and Asthma Network/Mothers of Asthmatics, Inc.

2751 Prosperity Avenue, Suite 150 Fairfax, VA 22031 (800) 878-4403 or (703) 641-9595 Internet: http://www.aanma.org

American Academy of Allergy, Asthma and Immunology

611 East Wells Street Milwaukee, WI 53202 (800) 822-ASMA or (414) 272-6071 Internet: http://www.aaaai.org

American Academy of Pediatrics

141 Northwest Point Boulevard Elk Grove Village. IL 60007-1098 (800) 433-9016 or (847) 228-5005 Internet: http://www.aap.org

American Association for Respiratory Care

11030 Ables Lane Dallas, TX 75229 (972) 243-2272

Internet: http://www.aarc.org

Asthma can be controlled; expect nothing less.

American College of Allergy, Asthma, and Immunology

85 West Algonquin Road, Suite 550 Arlington Heights, IL 60005 (800) 842-7777 or (847) 427-1200 Internet: http://acaai.org

The American Lung Association

For the affiliate nearest you, call (800) LUNG USA Internet: http://www.lungusa.org

Asthma and Allergy Foundation of America

1233 Twentieth Street, NW Suite 402 Washington, DC 20036 (800) 7-ASTHMA or (202) 466-7643 Internet: http://www.aafa.org

Healthy Kids: The Key to Basics

Educational Planning for Students with Chronic Health Conditions 79 Elmore Street Newton, MA 02459-1137 (617) 965-9637 E-mail: erg-hk@juno.com

U.S. Department of Education

Office for Civil Rights, Customer Service Team Mary E. Switzer Building 330 C Street, S.W. Washington, DC 20202-1328 (800) 421-3481 or (202) 205-5413 Internet: http://www.ed.gov/offices/OCR

U.S. Environmental Protection Agency

Indoor Environments Division 401 M Street, S.W. (6604J) Washington, DC 20460 (202) 233-9370 Indoor Air Quality Information Clearinghouse (800) 438-4318 Internet: http://www.epa.gov/iag

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